

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5			4	112		
6			4			
7			4			
8			11			
9			2			
10			2			
11			2	5		
12			2			
13			7			
14		1				
15		1				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		1				
35		1				
36		1				
37		1				
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.	5					
TOTAL DEP.	80	←	←	←		
TOTAL CLAIMS	15	←	←	←		

1	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		←	←	←		